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THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

A DAY ON THE OUT-CLINIC WITH THE VISITING NURSE OF THE WASHINGTON UNIVERSITY HOSPITAL

By MENIA S. TYE, R.N.

Superintendent of Nurses at the Washington University Hospital, St. Louis, Mo.

THE work of sending an undergraduate nurse of my training school into the homes of the poor with the resident physician of our Lying-in Department, or with the resident physician of the Obstetrical Out-Clinic, in connection with our medical school, is only in its infancy.

The nurse who went out to inaugurate this work February 1, 1908, was in her senior year and had had both her practical and theoretical training.

Her duties are to accompany the doctor to the home, assist him during the confinement, utilizing to best advantage whatever she finds in the house. She makes the bed, bathes the patient, applies the abdominal binder and vulva pad, oils and dresses the baby, etc. She makes a daily call upon this patient for ten consecutive days when, if everything has been normal, the patient is usually allowed out of bed and the visiting nurse discontinues the visits.

The patients seem very grateful and readily get anything required of them by the doctor or nurse. Incidentally, the nurse teaches the art of cleanliness and ventilation. After the first postpartum day, the patient realizes what the nurse will require to work with when she comes and her work is greatly facilitated by the baby's clothes being laid out, water being hot and boiled, and the family wash basin being clean, and fresh bed linen and gown in readiness.

The colored people are especially pleased to have a white woman wait on them and all along the alley or street smiling colored faces welcome and speed the visiting nurse.

A nurse has made thirteen calls between 7 A.M. and 7 P.M., but a great deal depends upon the distance between calling places. The

nurse, while out, keeps in touch with the hospital by telephone, and in this way attends confinements which occur during the day. As yet I have not seen my way to send a nurse out at night. Upon her return in the evening she writes a full report and before starting out in the morning gets new names and addresses from the resident physician. I keep a nurse on the Out-Clinic for one month, and each nurse has enjoyed the work very much.

As to conditions met, the following cases are illustrative:

Annie, aged 20, colored, first postpartum day, was in very good condition, the uterus well contracted. She occupied what looked to be a clean bed. Upon examination, found a horse blanket, which was very hairy and smelt badly, folded underneath some soiled newspapers and both were covered by a nicely folded clean sheet. Also found under a clean white spread, a very dirty quilted comfort without any upper sheet.

We first cleaned the wash basin and put some water in it to warm to bathe the baby. We removed the horse blanket, replaced clean newspapers, pulled up the lower sheet and tucked it in at the top, put on a clean upper sheet, repinned the abdominal binder and fastened on the vulva pad with a folded towel and four safety pins. The patient had been cleansed and had had a clean pad applied by the mother before she went out to do her day's washing. The gown was clean and had been very nicely starched and ironed. Upon pushing the bed back in place, a bucket containing urine and soiled pads and absorbent wipes was discovered under the bed.

The day was cold and wet, an open fire was burning in the room, but the air was heavy and stifling, so we raised a window in an adjoining room. The water being warm, the baby received its first sponge bath. Its band being soiled, had to be changed, but the navel dressing of absorbent cotton was not touched.

In the afternoon we went to a room, filthy and dark, lighted only by the faint light over the door. It was the seventh postpartum day for Fannie, aged 28, colored, and she was sitting up in bed, eating pigs' feet, onions and bread. The patient said her breasts had not troubled her, although they were enormously large,—the right one was caked slightly and was massaged. She objected to a breast binder being put on for support. This visit, owing to lack of fire and warm water, occupied forty-five minutes. The patient's temperature was 99° and pulse 80. Both baby and mother seemed perfectly well and happy.

Our last call for the day was on Marie (also colored). It was the seventh day after an abortion, occurring at four months. Beside

the usual treatment her breasts were massaged and rebandaged. This had been done the day previous, but the patient had removed the bandage. Marie's husband being on night duty occupied half of her bed during the day, and here the nurse found him daily when she visited. There are some things to which a visiting nurse has to be blind.

A CONFINEMENT CASE AT THE OUT-CLINIC.

This case had been pending all day. At 7 P.M. I went with Doctor R., the resident physician on the Out-Clinic, to assist with the delivery. On a mattress, on a cot, with a dirty comfort over her, in an overheated, ill-smelling, ill-ventilated room was our patient, Mamie, colored, aged 15, a primipara. A family of three, the patient with her father and mother lived in this one room. One of our medical students, Mr. B., had been watching the case since 6 A.M. The necessary instruments, etc., were already boiled. The baby clothes, a clean gown, a binder, three clean sheets, a spread, two slips and nine towels were ready also. A kettle of boiling water was on the gasoline stove and a pail of cold water was on the floor. A pint cup, one slop bucket and two wash bowls were pressed into service. The patient was on the Kelley's pad and we turned her across the cot. Mr. B. gave the anæsthetic. The mother held the right leg and the left one rested on a chair while I cleansed the patient's abdomen, thighs, buttocks and vulva with soap and water and with $\frac{1}{2}$ per cent. carbolic solution and cotton, and catheterized her. The doctor meanwhile scrubbed his hands, put on his apron and gloves, and as soon as the patient was ready examined her. I held the left leg of the patient and the mother held the right while the doctor applied the forceps and delivered the patient of an eight pound boy at 8.40. The cord was around the neck and the baby was asphyxiated. I wiped the eyes with cotton wet with boracic solution and wiped the hands with a towel and tied the cord as quickly as possible while the doctor was performing artificial respiration, of which he practised the various methods for ten minutes before the baby cried. Then I applied vaseline, dry dressed the cord, wrapped it in some soft old muslin and put the baby on its right side beside a hot water bag. Meanwhile Mr. B. had been kneading the uterus and gave the patient one dram ergot. In twenty minutes from the time the baby was delivered, the placenta was expressed. The doctor put two stitches in the fourchette which was slightly lacerated. I cleansed the patient, applied abdominal binder and a vulva pad of absorbent cotton, held in place with a folded towel pinned on with four safety pins, two in front and two at the back. I made the bed, using two clean sheets, some folded

clean old muslin over some newspapers (for a draw sheet and mackintosh), a comfort and white spread and two pillows with clean slips, and after putting a clean gown on Mamie it all looked quite orthodox.

The mother took the Kelley's pad out in the yard to the hydrant and washed it. I put on the baby's band, rubbed the baby with some soft old muslin to remove the vaseline; dressed it, and the doctor put some nitrate of silver in its eyes and I flushed them with boracic solution. The doctor and Mr. B. had dried the instruments. I dried the Kelley's pad, tidied the room, and we washed our hands and still had some clean towels left to dry them on. The doctor gave the usual orders for the care of the patient, and left his prescription to be filled and given according to directions, and at 9.15 we left for home.

ITEMS

SINCE our last issue the positions in Galesburg, Ill., and Columbus, Ohio, have been filled.

ALL matter pertaining to visiting nurse work should be addressed to the editor of this department, 79 Dearborn St., Chicago.

ANY communications about the National Seal for visiting nurse associations should be addressed at once to Mrs. Hunter Robb, Cleveland, or to Miss Fulmer, Chicago.

THE Chicago Visiting Nurse Association has two vacancies as district supervisors, to begin with a salary of seventy dollars per month. Applicants must have experience in visiting nurse work.

DURING June, July and August the visiting nurses of Chicago have done some valuable preventive work in care of babies, sick and well. They have worked in connection with the Milk Commission of Chicago, following up all cases using this milk and teaching the mothers how to use it properly.

THE Chicago Visiting Nurse Association has had eight nurses on duty in the vacation schools. They have given two hours daily to instruction in personal hygiene to classes of boys and girls, ranging from ten to fourteen years. The association furnished tooth-brushes, wash cloths and soap free to all children. The nurses gave demonstrations of the proper way of cleaning teeth, washing hair, and caring for nails. There was a great deal of interest aroused in these classes and it remains to be seen how far-reaching the results will be.

A POSTGRADUATE course in visiting nursing is offered to graduates of recognized training schools in the Visiting Nurses Settlement, 24 Valley Street, Orange, New Jersey. The term is three months, and experience and training are offered in medical, surgical, obstetrical and tuberculosis work (outdoor treatment under competent supervision).

A salary of twenty dollars per month and living expenses is offered. For full particulars apply to Miss Honora Bouldin, head worker.

THE Association of Visiting Nurses of the State of New Jersey was formed last autumn and consists as yet only of a comparatively small number of nurses, whose working districts are almost adjoining, but the association would like to come in touch with all the workers in the field throughout the state and, therefore, extends a hearty greeting and cordial invitation to all the district nurses of New Jersey to send their names and addresses to Miss Frances A. Dennis, 48 Warren Street, Newark, N. J.



IN the antituberculosis movement the medical profession has for the first time, as far as I know, thrown off the ancient mantle of professional exclusiveness in dealing with a medical problem, and invited the public to share with themselves all of their professional knowledge—and ignorance. This step seems to me of extreme importance and sure to prove of lasting honor to the profession. The clergy long since led the way and shared their knowledge and their aspirations with the people; the medical profession has now taken the same democratic and inevitable step, and it only remains for teachers and practitioners of the law to follow suit. Perhaps when they have done this our Legislatures will be improved and our cities better governed. For better or worse, America has embraced democracy, and in a democracy any professionalism that smacks of aristocracy or unnecessary secrecy is out of place.—
WILLIAM T. SEDGWICK in *Yale Medical Journal*.